

NATIONAL Assessment Centre Services

Date In: 07/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/LIP/8008315/13	SAS e-filing		
Veh No: GBF2593L	E-mail (within 8hrs, A/C 2hrs)		
DOA: 07/05/18 0900	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (J MART)	Tel:	Fax:
TP Particulars:	Veh No: SL5710X	INC () / Non-INC ()
Owner / Driver: ()	Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1802834 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) RT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OP* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile 30 Invoice dated Fee Charged	Amt (\$) 1st Bill Amt (\$) Add Bill
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 07/05/2018 17:10
 Date Of Accident 07/05/2018 09:20
 Exact Location Of Accident ADMIRALTY RD WEST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2593L
Insured/Policyholder
 Name Of Registered Owner PREMIUM FOODSTUFF PTE LTD
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-98777263

Vehicle Particulars

Manufacturer NISSAN
 Model NV350
 Exact Purpose for which vehicle was being used at time of accident WORK
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number SD17V10709/VCV/R00
 Cover Note Number

Driver

Name of Driver WEE CHAI WAH
 NRIC No S2586695I
 Date Of Birth 16/01/1966
 Occupation OUTDOOR
 Date Of Driving Pass 13/11/1996
 Driving Experience 21 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98777263
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 607 YISHUN ST 61 #07-289
Postcode	760607
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

WHILE WAITING FOR THE MAIN ROAD TO BE CLEAR, SUDDENLY MY VEH REAR PORTION BEING COLLIDED BY VEH B.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL5710X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8500240F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

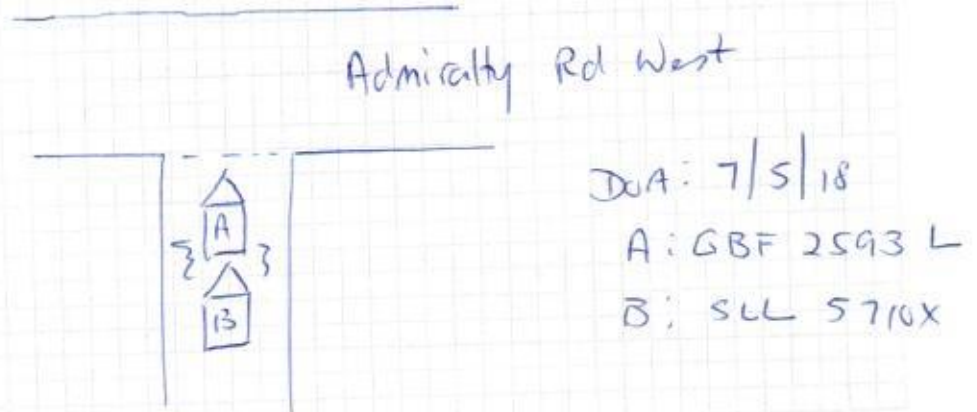
Premier Foodstuff Pte. Ltd.
100 Robinson Road, Singapore 068906
Tel: 434 17 3661 Fax: 434 97 00

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 07/05/18
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear,

suddenly my vehicle rear portion being collected

by veh B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 07/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Personal Particulars

Date of Accident: 7/5/18 Time of Accident: 9.23 am
Exact Location of Accident: Admiralty Rd West
Owner's Name: Premium Foodstuff Retail NRIC No: _____ HP No: _____
Driver's Name: Wee Chai Wah NRIC No: 525866951 HP No: 98877263
Date of Birth: 16/1/1966 Driving Licence Passing Date: 13/11/1996 Occupation: Indoor / Outdoor
Address: 617 Yishun St 61 # 07 - 389 (760807)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: GBF 2893 L Make & Model: Nissan
Insurance Co: Liberty Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / ☒ Work
*Weather Condition? ☒ Clear / Raining / Others: _____ Wet / ☒ Dry / Others: _____
*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 1 B: 1 + 0 C: _____ D: _____
men
*Was Anybody Injured? (Yes / ☒ No) If yes,
Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SLL 5710X Make & Model: _____
Driver's Name: Zhang Zhenyang NRIC No: 58500246 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S25866951



Name

WEE CHAI WAH

黄 才 华

Race

CHINESE

Date of birth

15-01-1956

Country of birth

MALAYSIA

Sex

M

S25866951

4831560



NRIC No. S25866951



Date of issue

28-02-2012

Address

APT BLK 607 YISHUN STREET 61

#07-289

SINGAPORE 760607

41845 YR


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S25866951**
Name: **WEE CHAI WAH**
Birth Date: **16 Jan 1966**
Issue Date: **16 Dec 2002**

 000025350H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Nov 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Nov 1996


 Licence No: S25866951

NP 428A

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

SD17VI0709/VCV/R00

Certificate No		SD17VI0709/VCV/R00	
Form		MZ300A	
Date Of Issue		14-SEP-2017	
1.Index Mark and Registration No. of Vehicle:		GBF2593L	
2.Chassis number of Vehicle:		JN1MC2E26Z0006388	
3.Name of Policyholder:		PREMIUM FOODSTUFF PTE. LTD.	
4.Effective date of Commencement of Insurance for the purposes of the Act:		12-SEP-2017 00:00 AM	
5.Date of Expiry of Insurance:		11-SEP-2018 23:59 PM	
6.Persons or Classes of Persons entitled to drive*:			
Any person who is driving on the Policyholder's order or with their permission.			
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>			
7.Limitations as to use*:			
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.			
8.The Policy does not cover:			
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>			
<p>We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>			
		For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:			
COVERAGE :	Comprehensive, Unlimited Windscreen		
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS		
EXCESS:	Section I S\$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$1000, Windscreen Excess S\$100		
FINANCE COMPANY:			
PRODUCER NAME:	ONG HUI SENG LIFE & GENERAL INSURANCE AGENCY		

25-SEP-17

PLVC/PLVC/25-SEP-17